ST FRANCIS IN THE PARK HEALTH/REHAB 1800 NEW YORK AVENUE SUPERIOR 54880 Phone: (715) 394-5591 Ownership: Non-Profit Corporation Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/03): 168 Title 18 (Medicare) Certified? Yes Total Licensed Bed Capacity (12/31/03): 168 Title 19 (Medicaid) Certified? Yes

Number of Residents on 12/31/03:				y Census:	1.	59 **************	*****
Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents (1		Length of Stay (12/31/03) %
Home Health Care Supp. Home Care-Personal Care	No No		용	Age Groups	용		19.7 45.6
Supp. Home Care-Household Services	No	Developmental Disabilities	1.4	Under 65	6.8	More Than 4 Years	24.5
Day Services	No	, , , , , , , , , , , , , , , , , , , ,		65 - 74	10.9	•	
Respite Care	No	Mental Illness (Other)		75 - 84	31.3	•	89.8
Adult Day Care	No	Alcohol & Other Drug Abuse	0.7	85 - 94	43.5	* * * * * * * * * * * * * * * * * * *	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	7.5	Full-Time Equivale	nt
Congregate Meals	No	Cancer	2.7			Nursing Staff per 100 R	esidents
Home Delivered Meals	No	Fractures	3.4		100.0	(12/31/03)	
Other Meals	No	Cardiovascular	9.5	65 & Over	93.2		
Transportation	No	Cerebrovascular	11.6			RNs	8.9
Referral Service	No	Diabetes	0.0	Gender	용	LPNs	7.6
Other Services	No	Respiratory	4.1			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	20.4	Male	26.5	Aides, & Orderlies	35.6
Mentally Ill	No	[Female	73.5		
Provide Day Programming for			100.0				
Developmentally Disabled	No	1			100.0	1	
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Method of Reimbursement

		edicare			edicaid			Other			Private Pay			amily Care			Managed Care			
Level of Care	No.	90	Per Diem (\$)	No.	olo Olo	Per Diem (\$)	No.	90	Per Diem (\$)	No.	οlo	Per Diem (\$)	No.	%	Per Diem (\$)	No.	οlo	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	6	5.9	140	0	0.0	0	0	0.0	0	0	0.0	0	1	100.0	644	7	4.8
Skilled Care	11	100.0	374	76	74.5	120	11	100.0	120	22	100.0	154	0	0.0	0	0	0.0	0	120	81.6
Intermediate				20	19.6	99	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	20	13.6
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	11	100.0		102	100.0		11	100.0		22	100.0		0	0.0		1	100.0		147	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution			ions, Services, an	d Activities as of 12/	31/03
Deaths builing Repoliting Ferrou					% Needing		Total
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	10.9	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	4.1		69.4	26.5	147
Other Nursing Homes	3.4	Dressing	10.2		65.3	24.5	147
Acute Care Hospitals	81.0	Transferring	32.7		46.3	21.1	147
Psych. HospMR/DD Facilities	0.0	Toilet Use	16.3		57.8	25.9	147
Rehabilitation Hospitals	0.0	Eating	59.9		23.8	16.3	147
Other Locations	4.8	*****	*****	****	******	******	*****
Cotal Number of Admissions	147	Continence		%	Special Treatmen	ts	양
Percent Discharges To:		Indwelling Or Externa	al Catheter	6.1	Receiving Resp	iratory Care	8.2
Private Home/No Home Health	13.6	Occ/Freq. Incontinent	t of Bladder	63.9	Receiving Trac	heostomy Care	1.4
Private Home/With Home Health	18.2	Occ/Freq. Incontinent	t of Bowel	35.4	Receiving Suct	ioning	1.4
Other Nursing Homes	4.5				Receiving Osto	my Care	4.8
Acute Care Hospitals	14.3	Mobility			Receiving Tube	Feeding	2.7
Psych. HospMR/DD Facilities	0.0	Physically Restrained	d	0.7	Receiving Mech	anically Altered Diets	11.6
Rehabilitation Hospitals	0.0						
Other Locations	7.1	Skin Care			Other Resident C	haracteristics	
Deaths	42.2	With Pressure Sores		3.4	Have Advance D	irectives	90.5
Total Number of Discharges		With Rashes		12.9	Medications		
(Including Deaths)	154				Receiving Psyc	hoactive Drugs	57.1

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	This		ership: profit		Size: -199		ensure: lled	All	
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci.	lities
	%	ଚ	Ratio	%	Ratio	િ	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	90.3	92.0	0.98	87.6	1.03	88.1	1.02	87.4	1.03
Current Residents from In-County	96.6	85.9	1.12	83.0	1.16	82.1	1.18	76.7	1.26
Admissions from In-County, Still Residing	29.3	22.1	1.33	19.7	1.49	20.1	1.45	19.6	1.49
Admissions/Average Daily Census	92.5	138.9	0.67	167.5	0.55	155.7	0.59	141.3	0.65
Discharges/Average Daily Census	96.9	139.5	0.69	166.1	0.58	155.1	0.62	142.5	0.68
Discharges To Private Residence/Average Daily Census	30.8	64.3	0.48	72.1	0.43	68.7	0.45	61.6	0.50
Residents Receiving Skilled Care	86.4	96.1	0.90	94.9	0.91	94.0	0.92	88.1	0.98
Residents Aged 65 and Older	93.2	96.4	0.97	91.4	1.02	92.0	1.01	87.8	1.06
Title 19 (Medicaid) Funded Residents	69.4	55.4	1.25	62.7	1.11	61.7	1.12	65.9	1.05
Private Pay Funded Residents	15.0	32.6	0.46	21.5	0.70	23.7	0.63	21.0	0.71
Developmentally Disabled Residents	1.4	0.6	2.36	0.8	1.78	1.1	1.23	6.5	0.21
Mentally Ill Residents	46.3	36.2	1.28	36.1	1.28	35.8	1.29	33.6	1.38
General Medical Service Residents	20.4	24.3	0.84	22.8	0.89	23.1	0.88	20.6	0.99
Impaired ADL (Mean)	49.3	50.5	0.98	50.0	0.98	49.5	0.99	49.4	1.00
Psychological Problems	57.1	58.5	0.98	56.8	1.01	58.2	0.98	57.4	1.00
Nursing Care Required (Mean)	5.8	6.8	0.85	7.1	0.82	6.9	0.84	7.3	0.79